

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000122873

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** COVENANT COMMUNITIES, INC.

**Current Principal Place of Business:**

10339 KEY LANTERN DR  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

10339 KEY LANTERN DR  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 51-0605339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, SCOTT  
10339 KEY LANTERN DR.  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

WILLIAMS, DAVID  
10339 KEY LANTERN DR.  
NEW PORT RICHEY, FL 34654 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID WILLIAMS

03/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, SCOTT  
Address: 10339 KEY LANTERN DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V  
Name: WILLIAMS, DEAN  
Address: 10339 KEY LANTERN DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T  
Name: WILLIAMS, SARAH  
Address: 10339 KEY LANTERN DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP  
Name: WILLIAMS, DAVID  
Address: 10339 KEY LANTERN DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WILLIAMS

VP

03/13/2012

Electronic Signature of Signing Officer or Director

Date